



Veterans Walk for Health Study Screening for Eligibility Worksheet

LINE NUMBER (from Crosswalk Forms 1 and 2) ____

DATE: ____/____/____

SITE: (circle one) Memphis Miami Oklahoma City San Diego Topeka Tucson

HOW WAS THIS PATIENT IDENTIFIED? (circle one)

Self-referred Referred by MD Referred by Dietitian Other: _____

This form serves to determine if a patient is eligible for this study. Do not include patient identifying data on this form.

	Criteria	Eligible	Not Eligible
1	Male and at least 18 years old? Date of Birth ____/____/____ (MM/DD/YYYY)	Yes	No
2	Patient was referred by a local VA physician (If not referred by a physician patient may be enrolled - once medical clearance is received from a local VA physician this box can be answered "yes" and the participant may be randomized. If medical clearance is not received this box should be answered "no" and the patient cannot be randomized.) Name of MD _____	Yes	No
3	Patient referred for (circle one or more) a) Diabetes b) Hypertension c) Hypercholesterolemia d) Obesity e) Coronary Artery Disease	Yes	No
4	Patient reports that he can comfortably walk 1 block.	Yes	No
5	Height _____ in / cm Weight _____ lb / kg BMI = ($\frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})}$) x 703 BMI _____ Is BMI equal to or greater than 28?	Yes	No
6	Competency: Patient appears to understand questions and answer them appropriately. There is no indication in the medical record that the participant has a serious mental illness or cognitive deficit that might impair his or her ability to consent to a research study?	Yes	No
7	Has patient worn a pedometer within the last 28 days?	No	Yes

	Criteria	Eligible	Not Eligible
8	<p>Physical Activity Level - Briefly ask the patient about his exercise and physical activity. Suggested Questions:</p> <ul style="list-style-type: none"> What kinds of exercise or physical activity do you do? How often? For how long each session? _____ In the past week, how many days have you been active or exercised for at least 30 minutes? _____ Was last week typical for you or are you usually more or less active? _____ <p>From this brief discussion, would you say that the patient is relatively sedentary in that he is not physically active for at least 30 minutes at least 5 days a week at a moderate intensity (such as a brisk walk)?</p>	Sedentary	Active
9	<p>Stage of Change for Physical Activity</p> <p>"Are you interested in being more physically active or getting more exercise?"</p>	Yes	No
10	<p>"A great way to start being more active is to start a walking program. Would you be interested in some help with starting a walking program?"</p>	Yes	No
11	<p>Can the patient communicate comfortably in English?</p>	Yes	No

Patient must be eligible for all of the criteria in order to be randomized into the study.

Eligible? YES: obtain informed consent

(or)

NO: date of scheduled nutritional counseling visit ____/____/____. Enter data into Survey Monkey

Consent Signed? YES: assign enrollment ID on Crosswalk 1, participant to complete Baseline Survey

(or)

NO: date of scheduled nutritional counseling visit ____/____/____. Enter data into Survey Monkey

Randomized? YES: assign enrollment ID on Crosswalk 1. Enter data into Survey Monkey.

(or)

NO: date of scheduled nutritional counseling visit ____/____/____. Enter data into Survey Monkey

Please maintain a copy of each Screening for Eligibility Worksheet. If the participant is not eligible for enrollment or does not give informed consent keep this worksheet in a file labeled "Patients Screened but not Eligible". If the participant is enrolled keep this worksheet in the participants study file. If you have any questions please call Angela Larkin at (734)769-7100 x6214.